



RESIDENTIAL RENTAL PROPERTY FORM

Department of Neighborhood Preservation

400 Granby Street

Norfolk, VA 23510-1914

757-664-6500 / FAX 757-664-6556

RENTAL PROPERTY INFORMATION:

PROPERTY ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

TOTAL NUMBER OF UNITS: _____

OCCUPANCY: _____

(As permitted under the Zoning Ordinance, or as specified in the Certificate of Occupancy)

OWNER INFORMATION:

NAME: _____

PHONE NUMBER: _____

HOME ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

E-MAIL ADDRESS: _____

IS THE CURRENT OWNER AN ENTITY OTHER THAN AN INDIVIDUAL? YES NO (Please circle one)

IF YES, PLEASE COMPLETE THE REMAINING SECTION REGARDING CORPORATE INFORMATION.

WHAT TYPE OF ENTITY?

- ☐ COMPANY
- ☐ LIMITED LIABILITY CORPORATION
- ☐ BUSINESS TRUSTS
- ☐ LIMITED PARTNERSHIP
- ☐ PARTNERSHIP
- ☐ REGISTERED LIMITED LIABILITY PARTNERSHIP
- ☐ OTHER _____

(Please specify)

NAME OF REGISTERED AGENT: _____

REGISTERED AGENT ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE NUMBER: _____

PLEASE COMPLETE THE REVERSE SIDE

CO-OWNER INFORMATION: (If Applicable)

NAME: _____ PHONE NUMBER: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

PROPERTY MANAGER INFORMATION: (If Applicable)

COMPANY NAME: _____

CONTACT NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

The person signing this form acknowledges that this property is subject to the City of Norfolk Residential Rental Dwelling Unit Program in accordance with Norfolk City Code Chapter 36.1. By signing of this form, the owner and their designated agent acknowledge that each is aware of the City's Building Safety codes and Zoning (occupancy) codes and the legal ramification for violating said codes. The City of Norfolk, Department of Neighborhood Preservation should be notified by letter should this property change from rental to owner occupied or change from owner occupied to rental use.

Signature of Person Completing Form _____

Date _____

Owner/Agent (Circle one)